NF Reporting Portal Instructions for Directly Uploading Data into Portal for FY23

The calculation grid will be reviewed for accuracy. You will be notified via email if corrections are necessary. CoreQ survey sample size eligibility notification will be sent to the facility contact via email. **Please note that no initial submissions will be accepted after November 29, 2021, 5pm EST.**
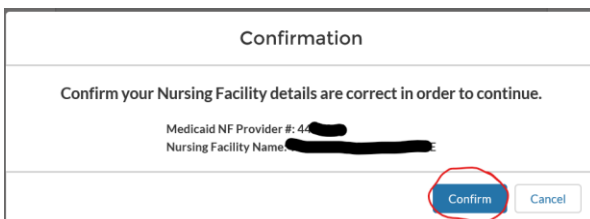
1. Login to DoAS NF Reporting Portal using the below link. Enter NF 7 digit Medicaid Provider Number, confirm NF Name, and select "QIPP Portal-Automated" for Type.

http://njdoas-ua.force.com/NF

2. Confirm details

3. Enter facility demographic information and SAVE.
   a. Once SAVE is selected, a pop-up prompt will appear indicating the information was saved. You can now proceed to Step 4.

NOTE: Drop down selections will change/appear based on the responses provided.

Please Enter the information of the person submitting the data.

*CMS Provider#:	Date Of Submission:	*Year:
123456	Sep 1, 2021	FY23

*Name Of Person Completing Grid:	*Email Address:
Jonathan Smith	administrator@abchome.com
	Your entry does not match the allowed pattern.

* Do you utilize a validated Hospital Utilization Tracking software system?   Yes

* What is the name of the software?   Point Click Care

* Do you have a contracted CoreQ Vendor for Resident Surveys?   Yes

* List the name of CoreQ vendor: ABC Vendor

* Do you have a contracted CoreQ Vendor for Family Surveys?   No

* Will you be using the DHS vendor, Dr.Castle?   Yes

Save

* Please click on "Save" to update information and enable "Add Records" below.

CoreQ Long-Stay Sample Size Calculation Grid

4. Select "Add Records"

5. Add records for each resident
   a. Click the "+" sign at the end of the first line to add more records

6. Responses entered will result in auto filling of other fields resulting in fewer data entry points

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In the below screenshot, all grayed out fields were auto filled. For the 4 residents/families, a total of 20 of the 40 fields were auto—filled (50%).

- Line 1: All fields manually entered, but Resident and Family Appropriateness for CoreQ Survey is auto generated
- Line 2: Resident BIMS score resulted in N/A entry for the Hospice and Legal Guardian question and auto generated Resident appropriateness. No Address for Family auto generated Family appropriateness
- Line 3: Resident not a LTC Resident – auto filled remaining fields with N/A and No.
- Line 4: Resident has Legal Guardian – auto filled Resident appropriates as NO and auto filled all guardian fields.

7. Select SAVE. You will have the opportunity to add more records.
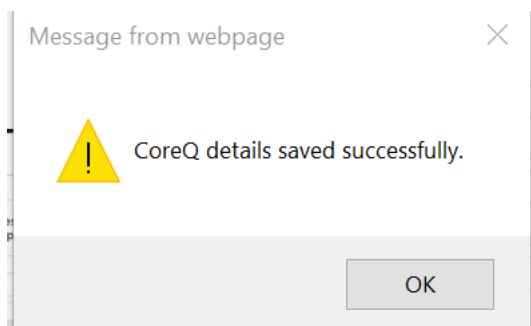
8. Review details and verify that all information is recorded and accurate.

* Will you be using the DHS vendor, Dr.Castle?   Yes

Save

* Please click on "Save" to update information and enable "Add Records" below.

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

Total No. of Records : 4   ← Previous   Page 1 out of 1   Next →   Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
☐	123	Y	9	N	N	Y	AB	N	Y	Y
☐	234	Y	1	N/A	N/A	N	BC	N	N	N
☐	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N
☐	456	Y	13	N	Y	N	N/A	N/A	N/A	N
	Total # of Resident Identifier	Total # of LTC Residents with Stay ≥ 100 Days:	Total # of Residents with BIMS Score = 8-15	Total # of Residents on Hospice:	Total # of Residents Who Has a Legal Guardian:	Total # of Residents Appropriate for CoreQ Survey:	Total # of Family Members:	Total # of Family Members Living in Another Country:	Total # of Family Members who don't have address:	Total # of Family Members Appropriate for CoreQ Survey:
	4	3	2	0	1	1	2	0	1	1

☐ By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIPP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

Submit

9. Certify the data by checking off the Attestation then select SUBMIT.
    a. Once OK is clicked, no further changes can be made.

Confirmation

This is a final submission. You will not be able to edit any details on the form after the final submission. Please click "OK" to confirm.

OK   **Cancel**

10. The form will display with final results and no edits are permitted. Select LOGOUT. This same locked form will be visible on further entry into the portal.

Nursing Facility Portal

Logout | Help

Nursing Facility Name : THE ACTORS FUND HOME   Medicaid NF Provider# : 4465202

Please Enter the information of the person submitting the data.

*CMS Provider#:
123456

Date Of Submission:
Sep 1, 2021

*Year:
FY23

*Name Of Person Completing Grid:
Jonathan Smith

*Email Address:
administrator@abchome.com
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Total No. of Records : 4   ← Previous   Page 1 out of 1   Next →   Delete Records

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	234	Y	1	N/A	N/A	N	BC	N	N	N
	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N
	456	Y	13	N	Y	N	N/A	N/A	N/A	N

Total # of Resident Identifier	Total # of LTC Residents with Stay ≥ 100 Days:	Total # of Residents with BIMS Score = 8-15	Total # of Residents on Hospice:	Total # of Residents Who Has a Legal Guardian:	Total # of Residents Appropriate for CoreQ Survey:	Total # of Family Members:	Total # of Family Members Living in Another Country:	Total # of Family Members who don't have address	Total # of Family Members Appropriate for CoreQ Survey:
4	3	2	0	1	1	2	0	1	1

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Submit